MAXIMUS Federal Services

Case Number:	CM15-0121777		
Date Assigned:	07/02/2015	Date of Injury:	09/18/2009
Decision Date:	08/06/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/23/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker was a 49 year old female, who sustained an industrial injury, September 18, 2009. The injured worker previously received the following treatments Nabumetone, Tramadol ER, Omeprazole, LidoPro topical ointment, Supartz injections to the left knee, left knee brace, physical therapy and left knee MRI on May 22, 2015, which showed changes in the medial meniscus without new tear identified with mildly early osteoarthritic articular cartilage loss medial compartment slightly progressed since 2013 and there was no ligamentous injuries. The injured worker was diagnosed with right shoulder strain/sprain, left knee strain/sprain, status post left knee surgery and status post Supartz injections to the left knee. According to progress note of May 7, 2015, the injured worker's chief complaint was painful and tight left knee and right shoulder pain. The injured worker rated the pain 7 out of 10. The injured worker reported the mediations help control the pain and spasms and help increase activities of daily living. The pain level with medications was 3 out of 10 and without 8-9 out of 10. The physical exam noted decreased flexion of the left knee. The left knee was tender, painful with swelling. There were spasms and pain in the left knee. The treatment plan included prescriptions for Cyclobenzaprine and Topical LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cyclobenzaprine 7.5mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers such as Cyclobenzaprine as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation. The provider submitted a letter stating that the claimant was having an acute exacerbation yet the request remains for #80, which is a far larger quantity than would be required for an acute exacerbation of pain. This is not medically necessary and the original UR decision is upheld.

Topical Lidopro Prn 121g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Lidopro cream contains methyl salicylate, menthol, capsaicin and lidocaine. Methyl salicylate is a non-steroidal anti-inflammatory agent could be indicated for limited use, but menthol is not a recommended topical analgesic. Lidocaine cream is to be used with extreme caution due to risks of toxicity. As such, Lidopro cream is not medically necessary and the original UR decision is upheld.